

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 196
County Registrar No. 996
Local Registrar No. _____

No. 3 Copper Glance St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _____
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male { To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth Dec. 30, 1926
Month Day Year

5. FATHER
Full name Harry Morris
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. _____
10. Color or race Cauc.
11. Age at last birthday 31 (Years)

12. Birthplace (city or place) Fairview, Arizona
(State or country) _____
13. Occupation Millman
Nature of industry mining

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead _____
(c) Stillborn _____

14. MOTHER
Full maiden name Minnie H. Davis
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. _____
16. Color or race Cauc.
17. Age at last birthday 34 (Years)

18. Birthplace (city or place) St. Johns, Arizona
(State or country) _____
19. Occupation Housewife
Nature of industry _____

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 7:45 a.m. on the date above stated
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Cyril M. Brown M.D.
Address Miami, Arizona
(Physician or midwife.)

Given name added from _____
a supplemental report _____
Month, day, year _____
Filed Jan 7, 1927 Local Registrar.
County Registrar.

Registrar

042-1230-442